

FCC 471

Block 5  
Item 21**Ineligible Costs**

You may not seek support for ineligible services, entities, and uses, nor should you inflate your funding request beyond what you are able to substantiate as your likely costs during the funding year.

Block 5 will guide you through deducting any ineligible costs from your total cost of services before calculating your discount request.

If you have any questions about whether a service is eligible for support, please check the “Eligible Services List” on the USAC web site or contact CSB.



Block 5 asks you to provide information about the eligible services that you have ordered, their cost, and the discount you are requesting based on the entities to receive service. The following information will highlight the features of Block 5.

You will complete one Block 5 for each Funding Request. In general, you should complete a separate Funding Request page for:

- Each service provider that will be providing you with service.
- Each separate contract (but not necessarily the individual service within that contract, as long as they are in the same category of service, e.g., Internal Connections Other than Basic Maintenance).
- Each different category of service provided by the same provider. For example, a PBX system that the applicant will purchase and own and local voice service from the same telephone company must go on separate Funding Requests, because the PBX is categorized as Internal Connections and the phone service is categorized as Telecommunications Services. Check the “Eligible Services List” and any updates on the SLD section of the USAC web site to identify the category where each service belongs.
- Local phone service.
- Long distance phone service (if, for example, your long distance service is billed separately from your local phone service on a bill from a different service provider).
- Site-specific services (services not shared by other sites).
- Services ordered based on different Forms 470. Services corresponding to each Form 470 must be reported on separate Funding Requests with the relevant Form 470 Application Numbers. This includes services ordered from the same service provider in the same category of service if the order is based on

**Signed Contracts**

You **MUST** have a signed contract for all services you order on your Form 471 if required by state law except:

1. **Tariffed services:** Telecommunications services that you purchase at prices regulated by your state regulatory commission and/or the FCC, for which you do not have a signed, written contract.
2. **Month-to-Month Services:** Month-to-month services for which you do not have a signed, written contract. Your billing arrangement signifies that you are receiving your services on a month-to-month basis.
3. **State Master Contracts:** A signed state master contract between the state and service provider(s) meets the FCC’s signed contract requirement. There may be additional state master contract and/or local or state procurement requirements.

# 2014-2015 Proposed Changes

## FCC Form 471 Block 5

- Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts.
- Additional Block 5 reporting requirements
- For Broadband and other connectivity services only (E.g. T-1, fiber, DSL, cable, cellular wireless hotspots, satellite) complete information for every applicable funding request.
- Does not apply to non-broadband or other connectivity services (E.g. Cellular service, web hosting and email service)
- Remember that if you are applying for Telecommunications Services, your service provider must be eligible to provide these services.

### A. Number the pages of each Block 5

Block 5: Discount Funding Request(s) Instructions: Use one Block 5 page for EACH service (Funding Request Number) for which you are requesting discounts. Make as many copies of this page as needed, and number the completed pages to assure that they are all processed correctly.	Block 5, page _____ of _____ FRN _____ (to be assigned by administrator)
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### B. Enter the complete header information on all pages of each block 5 (Entity Number, Applicant Form Identifier, Contact Person and Phone Number)

Entity Number _____	Applicant's Form Identifier _____
Contact Person _____	Phone Number _____

**10.** If this is a duplicate funding request (e.g., of an FRN from this or another funding year that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided.

### 11. Category of Service

*Only 1 should be checked - Priority 1 and Priority 2 should be on separate FCC 471 applications.*

**FCC Form 471**  
Services Ordered and Certification Form

Block 1   Block 2 & 3   Block 4   **Block 5**   Block 6

Applicant's Form Identifier: \_\_\_\_\_ Entity Number: 145909  
Contact Person: John Smith Phone Number: (202) 776-0200

**Block 5: Discount Funding Request(s)**

Funding Request Number (FRN): (assigned by Administrator)

10. ☐ If this is a duplicate Funding Request (e.g., of an FRN that is not yet approved, under appeal, etc.), check this box and enter the original FRN in the space provided.

11. Category of Service (only ONE category should be checked)

<b>PRIORITY 1</b> <input checked="" type="radio"/> Telecommunications Service <input type="radio"/> Internet Access	<b>PRIORITY 2</b> <input type="radio"/> Internal Connections Other than Basic Maintenance <input type="radio"/> Basic Maintenance of Internal Connections
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**Item 12 –** Provide the 15-digit Form 470 Application Number of the Form 470 in which the services ordered here were sought. This number appears on your Form 470 Receipt Notification Letter.

**Item 13 –** Enter the 9-digit Service Provider Identification Number (SPIN) for this service provider. You must provide a valid SPIN for the service provider indicated in Item 14 below. Each service provider should give you its SPIN on request.

**Item 14 –** Provide the full legal name of the service provider for this Funding Request. You may list only ONE service provider per FRN. The name of your service provider whose SPIN is indicated in Item 13 above must be provided. If you file online, the system will populate this information for you.

**12 Form 470 Application Number**

**13 SPIN – Service Provider Identification Number**

**14 Service Provider Name**

**2014-2015 Proposed Changes**  
**FCC Form 471 Block 5**

**15a.** Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.

**15b.** Contract Number

**15c.** Check this box if this Funding Request is covered under a master contract.

**15d.** Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN.

15a	<input type="checkbox"/> Check this box if this Funding Request is for non-contracted tariffed or month-to-month services.
15b	Contract Number _____
15c	<input type="checkbox"/> Check this box if this Funding Request is covered under a master contract (a contract negotiated by a third party, the terms and conditions of which are then made available to an eligible entity that purchases directly from the service provider).
15d	<input type="checkbox"/> Check this box if this Funding Request is a continuation of an FRN from a previous funding year based on a multi-year contract. If so, provide that FRN here: _____

**16a. Billing Account Number** (e.g., billed telephone number)

**16b.** Check if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.

16a	Billing Account Number (e.g., billed telephone number)	_____
16b	<input checked="" type="checkbox"/> Check this box if there are multiple Billing Account Numbers and attach a complete list of those numbers to this page.	

**17. Allowable Vendor Selection/Contract Date** (mm/dd/yyyy)

**18. Contract Award Date** (mm/dd/yyyy)

**19. Service Start Date** (mm/dd/yyyy)

**20a. Service End Date** (mm/dd/yyyy)

**20b. Contract Expiration Date** (mm/dd/yyyy)

17	Allowable Vendor Selection/Contract Date (mm/dd/yyyy)	_____
18	Contract Award Date (mm/dd/yyyy)	_____
19	Service Start Date (mm/dd/yyyy)	_____
20a	Service End Date (mm/dd/yyyy)	_____
20b	Contract Expiration Date (mm/dd/yyyy)	_____

**ITEM 21. Description of This Service:**

1. You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number.
2. You must include any additional account or telephone numbers if the billed account has multiple numbers.
3. Label the description with an Attachment Number, and note number in space provided.

<b>21</b>	<b>Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window.</b>	<b>Attachment</b>
	You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	_____

## 2014-2015 Proposed Changes

### FCC Form 471 Item 21

Sufficient information must be provided so that the installation location is clearly identified. "One per school, district office, or Entity Number 12345" may be used for the location description.

In some circumstances, additional information may be required. For example:

Ensure that any included ineligible products and/or services are identified and the cost of such products and/or services is deducted.

For maintenance services, include the specific list of components to be covered and break out the pricing for maintenance of these components. (Note that for Priority 2 services, Basic Maintenance of Internal Connections is a separate category of service from InternalConnections.)

For telephone services, indicate the number of phone lines and/or cell phones receiving service, and provide information about their use if any will be used for other than educational purposes.

A price quotation from the service provider, a representative bill for continuing services, or the criteria used to estimate new or increased cost, may be submitted if sufficient detail is provided in that documentation to determine the eligibility of the funding request.

If products or services are being purchased under a state master contract, include the contract number (if available) and the expiration date of the state master contract.

Include an explanation of the purpose, breakdown of up-front costs, or other information to provide a clear explanation of the funding request.

### Proposed: FCC Form 471 ITEM 21

Item 21 – Each Funding Request must include a description of the products and services for which discounts are being sought. This description is known as an "Item 21 Attachment." The Item 21 Attachment is a detailed and complete narrative description of the products and services contained in the funding request and a line-item listing of the products and/or services requested with their associated costs, including make, model number and location of any equipment. Each description must be labeled with a unique "Attachment Number" that you create. For Item 21, please enter the Attachment Number you have created. You must submit your Item 21 Attachment to the SLD online or via e-mail, fax or mail on or before the last day of the filing window. (See "Item 21 Attachments For Form 471" posted in the Reference Area of the SLD section of the USAC web site.)

You may cite the same description of services in multiple Funding Requests. For example, if you are ordering Internal Connections products and services (other than Basic Maintenance) under a single contract for multiple sites and the products and services are the same for each site, each Funding Request may refer to a single Item 21 Attachment.

The line-item listing of products and services may be submitted in a table format as follows:

Quantity	Description of Product or Service	Unit Cost	-----Extended Cost-----	
			Recurring	Non-Recurring

### Item 21 Attachment: Labeling

**If the Item 21 Attachment is being submitted separately from the Form 471, then the attachment or a cover letter must also include:**

- **The Attachment Number specified for the Item 21 Attachment in the Form 471, Block 5.**
- **Entity Name (If filing separate)**
- **Entity Number**
- **Applicable contract number**
- **Service provider's name and contracting party's name**
- **Application number (if filed online)**

## WARNING:

**Item 21 Attachments must be submitted no later than the close of the FCC Form 471 application filing window.**

# Item 21

A Item 21 attachment is a detailed description of ERate requested products and services. Each Block 5 funding request on the FCC Form 471 (Description of Services Ordered and Certification Form) must include a separate Item 21.

The Item 21 attachments are the applicant's opportunity to provide sufficient information so that USAC can make a determination about whether the applicant's proposal meets Federal Communications Commission (FCC) eligibility rules.

The Item 21 Item 21 Attachments generally consists of these parts:

- I. Narrative overview or detailed description of the ERate requested products and services description
- II. Line item detail and cost associated with the eligible and ineligible products and services requested.
- III. Any additional details, other information to support the funding request.

Narrative Overview	Line item Detail and Cost	Additional Details
<p>Narrative overview or description - a summary that allows USAC to understand the objective of the funding request.</p> <p>Examples include:</p> <ul style="list-style-type: none"><li>• "Additional email servers for three locations"</li><li>• "Internet access for new library branch"</li><li>• "New data distribution equipment to replace old equipment at Red High"</li></ul>	<p>The line item detail and cost associated with the eligible and ineligible products and services requested including:</p> <ul style="list-style-type: none"><li>• Quantity</li><li>• Product or service description</li><li>• Total unit cost</li><li>• Extended pre-discount cost (eligible and eligible non-recurring)</li><li>• Extended ineligible pre-discount cost (ineligible and ineligible non-recurring).</li></ul>	<p>Any additional details, if needed, such as equipment locations or other information to support the funding request.</p> <p>Products and services that can be supported under the Schools and Libraries Program are "conditionally eligible," which means that they are eligible for support if used or functions in certain ways.</p>

### Service

#### Providers:



Applicants often receive the assistance of service providers in creating the Item 21 Attachments, which can be one or more of the following:

- 1 An online submission
- 2 Applicant-provided documentation
- 3 A quote or bill from the vendor
- 4 A copy of the contract for the service



# Item 21 Filing Online

## Item 21 Attachment Part 2 of 4 Cont.

### Part 2 of 4: Line Item Detail

Enter one or more line items that make up this funding request.

Applicant Name Anytown School District  
Billed Entry Number 111  
Form 471 Application Number 414509  
Funding Request Number 1185089  
Service Provider My Regional ITC  
Attachment Number 2010-11 ITC  
Narrative description of this Funding Request

Click on pull-down to select Service Type. Only services for the funding category will be listed.

Provide the information requested below. Click on a field name to see further details.

Service Type	Description	Elig Pre-Discount Cost																								
1 <input type="text" value="Broadband Internet Access (e.g. T-1, DSL, Frame Relay, Cable Modem, Wireless)"/>																										
<table border="1"> <thead> <tr> <th colspan="2">Recurring Charges</th> <th colspan="2">Non-Recurring Charges</th> </tr> </thead> <tbody> <tr> <td>Monthly Recurring Charges</td> <td>\$21.00</td> <td>One-time Non-Recurring Charges</td> <td>\$0.00</td> </tr> <tr> <td>Less Ineligible Amount (if any)</td> <td>\$0.00</td> <td>Less Ineligible Amount (if any)</td> <td>\$0.00</td> </tr> <tr> <td>Number of Months</td> <td>12</td> <td></td> <td></td> </tr> <tr> <td>Eligible Recurring Charges</td> <td>\$0.00</td> <td>Eligible Non-Recurring Charges</td> <td>\$0.00</td> </tr> <tr> <td colspan="2">Line Item TOTAL</td> <td colspan="2">\$0.00</td> </tr> </tbody> </table>			Recurring Charges		Non-Recurring Charges		Monthly Recurring Charges	\$21.00	One-time Non-Recurring Charges	\$0.00	Less Ineligible Amount (if any)	\$0.00	Less Ineligible Amount (if any)	\$0.00	Number of Months	12			Eligible Recurring Charges	\$0.00	Eligible Non-Recurring Charges	\$0.00	Line Item TOTAL		\$0.00	
Recurring Charges		Non-Recurring Charges																								
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Number of Months	12																									
Eligible Recurring Charges	\$0.00	Eligible Non-Recurring Charges	\$0.00																							
Line Item TOTAL		\$0.00																								
Overall Total		Zero																								
Funding requested on Form 471		\$5,052.00																								

Click here to import the cost information from your Form 471, or manually enter information

Click on Save

## Item 21 Attachment Part 2 of 4

Note that you may be requested to provide further information that establishes whether the components requested Can be funded, such as copies of bills for continuing services or copies of your service provider contract. Be sure to exclude ineligible or unsubstantiated charges from your funding request.

### Part 2 of 4: Line Item Detail

Enter one or more line items that make up this funding request.

Applicant Name Anytown School District  
Billed Entry Number 111  
Form 471 Application Number 414509  
Funding Request Number 1185089  
Service Provider My Regional ITC  
Attachment Number 09-10 ITC  
Narrative description of this Funding Request

Click on "Add New Line" to begin adding Services

Service Type	Description	Elig Pre-Discount Cost
No Items Listed		
Overall Total		Zero
Funding requested on Form 471		\$5,052.00

Amount of funding request will be listed here.

## Item 21 Attachment Part 2 of 4 Cont.

### Part 2 of 4: Line Item Detail

Enter one or more line items that make up this funding request.

Applicant Name Anytown School District  
Billed Entry Number 111  
Form 471 Application Number 414509  
Funding Request Number 1185089  
Service Provider My Regional ITC  
Attachment Number 2010-11 ITC  
Narrative description of this Funding Request

Click on pull-down to select Service Type. Only services for the funding category will be listed.

Service Type	Description	Elig Pre-Discount Cost																								
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Line Item TOTAL		\$0.00																								
Overall Total		Zero																								
Funding requested on Form 471		\$5,052.00																								

Click here to import the cost information from your Form 471, or manually enter information

Click on Save

### Part 2 of 4: Line Item Detail

Enter one or more line items that make up this funding request.

Applicant Name Anytown School District  
Billed Entry Number 111  
Form 471 Application Number 414509  
Funding Request Number 1185089  
Service Provider My Regional ITC  
Attachment Number 2010-11 ITC  
Narrative description of this Funding Request

Service Type	Description	Elig Pre-Discount Cost
1 <input type="text" value="Broadband Internet Access (e.g. T-1, DSL, Frame Relay, Cable Modem, Wireless)"/>		\$5,052.00
Overall Total		\$5,052.00
Funding requested on Form 471		\$5,052.00

Click to add New Line Item or Click on Continue

## Item 21 Attachment Part 2 of 4 Cont.

### Part 2 of 4: Line Item Detail

Enter one or more line items that make up this funding request.

Applicant Name Anytown School District  
Billed Entry Number 111  
Form 471 Application Number 414509  
Funding Request Number 1185089  
Service Provider My Regional ITC  
Attachment Number 2010-11 ITC  
Narrative description of this Funding Request

Click on pull-down to select Service Type

Service Type	Description	Elig Pre-Discount Cost																								
1 <input type="text" value="Broadband Internet Access (e.g. T-1, DSL, Frame Relay, Cable Modem, Wireless)"/>		\$5,052.00																								
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Recurring Charges		Non-Recurring Charges																								
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Number of Months	12																									
Eligible Recurring Charges	\$0.00	Eligible Non-Recurring Charges	\$0.00																							
Line Item TOTAL		\$0.00																								
Overall Total		\$5,052.00																								

Click on Save to continue

- It is always important to specify the bandwidth on all Internet Access FRN's (e.g., T-1, T-3, DS-1, etc.).
- Include third party documentation that sufficiently describes the exact detailed services/products that are being provided as part of the eligible service or product.

# Item 21 Filing Online

## Item 21 Attachment Part 2 of 4 Cont.

**Part 2 of 4: Line Item Detail**

Enter one or more line items that make up this funding request.

Applicant Name: Anytown School District  
Billed Entity Number: 111  
Form 471 Application Number: 414509  
Funding Request Number: 1185089  
Service Provider: My Regional ITC  
Attachment Number: 2010-11 ITC

Narrative description of this Funding Request

[Add New Line Item](#)

	Service Type	Description	Elig Pre-Discount Cost
1	E-mail Service		\$1,200.00
2	Broadband Internet Access (e.g. T-1, DSL, Frame Relay, Cable Modem, Wireless)		\$5,052.00
Overall Total			\$6,252.00
Funding requested on Form 471			\$5,052.00

[Add New Line Item](#) [Save and Exit](#) [Continue](#)

If all Line Items are listed,  
click on Continue.

## Item 21 Attachment Part 2 of 4 Warning

**Part 2 of 4: Line Item Detail**

**WARNING:** The amount requested on your Form 471 does not match the amount indicated on this Item 21 Attachment.

Form 471 Requested Amount:	\$5,052.00
Amount indicated on this Item 21 Attachment	\$6,252.00
Discrepancy	(\$1,200.00)

If not corrected, this discrepancy may require contact with you and can delay review of your funding request.

[Revise / Edit Information](#) [Continue Anyway](#)

## Item 21 Attachment Part 3 of 4

**Part 3 of 4: Provide Additional Information.**

Additional Information

Please provide any [further information](#) that will assist review of your funding request

[Save and Exit](#) [Continue](#)

**Internet Access Further Information**

You have the opportunity to provide further information that may assist review of your funding request. In many cases, sufficient information already may have been provided in earlier parts of this Attachment.

In other cases, you may wish to provide further information, such as:

- A description of ineligible services or components, indicating the method used to determine these ineligible costs (e.g., provided by service provider, percentage of total cost, etc.).
- A description of substantial one-time charges for installation or other services.
- A description of any equipment components of the service provider that are located at the applicant site. (See the SLD web document [On-premise Priority 1 Equipment](#))
- An explanation of any dollar discrepancy between the information provided here and the information provided on the Form 471.

The information you  
receive will depend  
on the funding  
category you are  
adding.

- The most complete Item 21 Attachments will indicate compliance with the conditions of eligibility.

For example:

- "The memory upgrade requested will be installed in an eligible email server."
- "The multiple T-1 lines are not redundant or duplicative and are required for the bandwidth needs of the applicant."
- "The training requested consists of basic instruction in the use of eligible equipment. It is directly associated with the purchase of this equipment and is part of the same contract. No end-user training is being provided."

- Applicants should check the USAC website to understand the eligibility requirements for the products and services being requested.

- If any portion of your phone bill or other vendor documentation submitted with your Item 21 Attachments includes "miscellaneous charges", please provide an explanation of what these charges are (e.g., wiring jacks, faceplates, taxes, or required fees).





## 2014-2015 Proposed Changes FCC Form 471 Item 21

**NOTE: All Item 21 Attachments must be filed before the close of the 471 filing window.**

\*Label each Item 21 description with an **Attachment Number**, and note number in space provided.

### Proposed: FCC Form 471 ITEM 21

**NOTE: All Item 21 Attachments must be filed before the close of the 471 filing window.**

#### ITEM 21. Description of This Service:

- You MUST attach
- A description of the service,
- Breakdown of
  - components,
  - costs,
  - manufacturer name,
  - make and model number.

21	Description of This Service: NOTE: All Item 21 Attachments must be filed before the close of the filing window. Attachment
You MUST attach a description of the service, including a breakdown of components, costs, manufacturer name, make and model number. You must include any additional account or telephone numbers if the billed account has multiple numbers. Label the description with an Attachment Number, and note number in space provided.	

### Proposed: FCC Form 471 Block 5

#### 22. Entity/Entities Receiving This Service:

**22a.** If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service.

**22b.** If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1):

22	Entity/Entities Receiving This Service:	a. If the service is site-specific (provided to one site and not shared by others), list the Entity Number of the entity from Block 4 receiving this service: _____
		b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number (e.g., 1): _____

### Proposed: FCC Form 471 Block 5

#### 23. Calculations

- 23A.** Monthly charges (total amount per month for service)  
**23B.** How much of the amount in **A** is ineligible?  
**\*Ineligible must be less than 30% of the application.**  
**23C.** Eligible monthly pre-discount amount (**A minus B**)  
**23D.** Number of months service provided in funding year.  
**23E.** Annual pre-discount amount for eligible recurring charges (**C x D**)  
**23F.** Annual non-recurring charges  
**23G.** How much of the amount in **F** is ineligible?  
**23H.** Annual eligible pre-discount amount for non-recurring charges (**F minus G**)  
**23I.** Total funding year pre-discount amount (**E + H**)  
**23J.** Discount from Block 4 Worksheet  
**23K.** Funding Commitment Request (**I x J**)

23. Calculations	
Recurring Charges	<b>A.</b> Monthly charges (total amount per month for service) _____
	<b>B.</b> How much of the amount in A is ineligible? _____
	<b>C.</b> Eligible monthly pre-discount amount (A minus B) _____
	<b>D.</b> Number of months service provided in funding year _____
	<b>E.</b> Annual pre-discount amount for eligible recurring charges (C x D) _____
Non-Recurring Charges	<b>F.</b> Annual non-recurring charges _____
	<b>G.</b> How much of the amount in F is ineligible? _____
	<b>H.</b> Annual eligible pre-discount amount for non-recurring charges (F minus G) _____
Total Charges	<b>I.</b> Total funding year pre-discount amount (E + H) _____
	<b>J.</b> Discount from Block 4 Worksheet _____
	<b>K.</b> Funding Commitment Request (I x J) _____

# 2014-2015 Proposed Changes FCC Form 471 Block 5

## Proposed: FCC Form 471 Block 5

### 24. Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services or Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

Entity Number \_\_\_\_\_ Applicant's Form Identifier \_\_\_\_\_  
Contact Person \_\_\_\_\_ Phone Number \_\_\_\_\_

Block 5 (Continued)...

#### 24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services or Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

☐ Check this box if this request is for services or equipment that do not providing broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

**Check this box if this request is for services or equipment that do not providing broadband or connectivity.**

(Ex: internal connections, basic maintenance-mail or phone service)

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### 24a. Which technology(ies) and speed(s) are being provided in this Funding Request?

- Please list the number of lines and average download speed for the lines included in this funding request.
- If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category.
- If you need additional space, please makes copies of this page and number the completed pages to assure that they are all processed correctly.

**\*\*A response to this Item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.**

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### 24a: Example Services and Connection Form

Block 5 (Continued)...

#### 24 Description of Broadband and other Connectivity Services Ordered for Schools and Libraries from this funding request

Complete the information below for this funding request only if requesting **Telecommunications Services or Internet Access** for the purpose of providing broadband and other types of connectivity to school and/or library facilities.

☐ Check this box if this request is for services or equipment that do not providing broadband or connectivity. For instance, check the box if this funding request is for internal connections, basic maintenance, or requests for services like e-mail or phone service.

**a** Which technology(ies) and speed(s) are being provided in this Funding Request? Please list the number of lines and average download speed for the lines included in this funding request. If there are multiple download speeds for the lines within one type of broadband connection, this form provides two additional lines per broadband connection category. If you need additional space, please makes copies of this page and number the completed pages to assure that they are all processed correctly. A response to this Item is not a substitute for a complete response to Item 21 but should be consistent with the description of services in the response to Item 21. Please ask your service provider if you need assistance.

For example, if an applicant was requesting three DSL connections, two averaging 2 Mbps download speed and a third averaging 3 Mbps download speed, the entries would look like this:

Type of connection	Number of lines included in this FRN	Download speed per line in Mbps
DSL	2	2 Mbps
DSL	1	3 Mbps

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### 24a: Connection and Services Form -- Example 2

Type of connection	Number of lines included in this FRN	Download speed per line in Mbps
Dial-up		.056 Mbps
T1/DS-1		1.5 Mbps
T3/DS-3		45 Mbps
Fiber optio/OC-x		
Fiber optio/OC-x		
Fiber optio/OC-x		
Cable		
Cable		
Cable		
DSL		
DSL		
DSL		
Satellite		
Satellite		
Cellular Wireless		
Cellular Wireless		
Non-Cellular Wireless (e.g. microwave)		
Non-Cellular Wireless (e.g. microwave)		

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**24b. If the Internet service is available to students or patrons in more than just a single location or office, please indicate:**

**1. If the access is provided by wired connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to wired drops? \_\_\_\_\_%**

**2. If the access is provided by Wi-Fi connections, approximately what percentage of the school classroom or public library rooms included in the Block 4 worksheet for this FRN will have access to a Wi-Fi signal? \_\_\_\_\_%**

**24c. For consortia and statewide applications, do the connections in this FRN include the last mile connection to the school or library? Yes No**

**If no above, are these connections only for backbone connections? Yes No**

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Certifications and Signature

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Certifications and Signature

25. I certify that the entities listed in Block 4 of this application are eligible for support because they are:

25a. schools under the statutory definitions of elementary and secondary schools found in the No Child Left Behind Act of 2001, 20 U.S.C. §§ 7801(18) and (38), that do not operate as for-profit businesses and do not have endowments exceeding \$50 million; and/or

25b. libraries or library consortia eligible for assistance from a State library administrative agency under the Library Services and Technology Act of 1996 that do not operate as for-profit businesses and whose budgets are completely separate from any schools, including, but not limited to, elementary, secondary schools, colleges, or universities.

Proposed: FCC Form 471 Block 6  
Certifications and Signature

26b. I certify that the entity I represent or the entities listed on this application have secured access, separately or through this program, to all of the resources, including computers, training, software, internal connections, maintenance, and electrical capacity, necessary to use the services purchased effectively. I recognize that some of the aforementioned resources are not eligible for support. I certify that the entities I represent or the entities listed on this application have secured access to all of the resources to pay the discounted charges for eligible services from funds to which access has been secured in the current funding year. I certify that the Billed Entity will pay the non-discount portion of the cost of the goods and services to the service provider(s).

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Certifications and Signature

26 a-f:

a.	Total funding year pre-discount amount on this Form 471 (Add the entries from Items 23i on all Block 5 Discount Funding Requests.)	
b.	Total funding commitment request amount on this Form 471 (Add the entries from Items 23K on all Block 5 Discount Funding Requests.)	
c.	Total applicant non-discount share (Subtract Item 25b from Item 25a.)	
d.	Total budgeted amount allocated to resources not eligible for E-rate support	
e.	Total amount necessary for the applicant to pay the non-discount share of the services requested on this application AND to secure access to the resources necessary to make effective use of the discounts. (Add Items 25c and 25d.)	
f.	<input type="checkbox"/> Check this box if you are receiving Billed Entity for this funding year, you in locating funds in Item 25e. <b>Do not check this box</b> from a service provider listed on any of the Forms 471 filed by this the Forms 471 filed by this Billed Entity for this funding year assisted	

26 f-Check this box if you are receiving any of the funds in Item 25e directly from a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year, or if a service provider listed on any of the Forms 471 filed by this Billed Entity for this funding year assisted you in locating funds in Item 25e.

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Certifications and Signature

- 27 ☐ I certify that, if required by Commission rules, all of the individual schools and libraries receiving services under this form are covered by technology plans that do or will cover all 12 months of the funding year, and that have been or will be approved by a state or other authorized body or an SLD-certified technology plan approver prior to the commencement of service.
- Or ☐ I certify that no technology plan is required by Commission rules.
- 28 ☐ I certify that (if applicable) I posted my Form 470 and (if applicable) made any related RFP available for at least 28 days before considering all bids received and selecting a service provider. I certify that all bids submitted were carefully considered and the most cost-effective service offering was selected, with price being the primary factor considered, and is the most cost-effective means of meeting educational needs and technology plan goals.
- 29 ☐ I certify that the entity responsible for selecting the service provider(s) has reviewed all applicable FCC, state, and local procurement/competitive bidding requirements and that the entity or entities listed on this application have complied with them.
- 30 ☐ I certify that the services the applicant purchases at discounts provided by 47 U.S.C. § 254 will be used primarily for educational purposes and will not be sold, resold or transferred in consideration for money or any other thing of value, except as permitted by the Commission's rules at 47 C.F.R. §§ 54.500, 54.513. Additionally, I certify that the entity or entities listed on this application have not received anything of value or a promise of anything of value, other than services and equipment sought by means of this form, from the service provider, or any representative or agent thereof or any consultant in connection with this request for services.
- 31 ☐ I certify that I and the entity(ies) I represent have complied with all program rules, including recordkeeping requirements, and I acknowledge that failure to do so may result in denial of discount funding and/or cancellation of funding commitments. There are signed contracts covering all of the services listed on this Form 471 except for those services provided under non-contracted tariffed or month-to-month arrangements. I acknowledge that failure to comply with program rules could result in civil or criminal prosecution by the appropriate law enforcement authorities.

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Certifications and Signature

Entity Number	Applicant's Form Identifier	Complete each page header
Contact Person	Phone Number	
Block 6: Certification and Signature (Continued)		

- 32 ☐ I acknowledge that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the service, receive an appropriate share of benefits from those services.
- 33 ☐ I certify that I will retain required documents for a period of at least five years (or whatever retention period is required by the rules in effect at the time of this certification), after the last day of service delivered. I certify that I will retain all documents necessary to demonstrate compliance with the statute and Commission rules regarding the application for, receipt of, and delivery of services receiving schools and libraries discounts, and that if audited, I will make such records available to the Administrator. I acknowledge that I may be audited pursuant to participation in the schools and libraries program.
- 34 ☐ I certify that I am authorized to order telecommunications and other supported services for the eligible entity(ies) listed on this application. I certify that I am authorized to submit this request on behalf of the eligible entity(ies) listed on this application, that I have examined this request, that all of the information on this form is true and correct to the best of my knowledge, that the entities that are receiving discounts pursuant to this application have complied with the terms, conditions and purposes of the program, that no kickbacks were paid to anyone and that false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001 and civil violations of the False Claims Act.
- 35 ☐ I acknowledge that FCC rules provide that persons who have been convicted of criminal violations or held civilly liable for certain acts arising from their participation in the schools and libraries support mechanism are subject to suspension and debarment from the program. I will institute reasonable measures to be informed, and will notify USAC should I be informed or become aware that I or any of the entities listed on this application, or any person associated in any way with my entity and/or the entities listed on this application, is convicted of a criminal violation or held civilly liable for acts arising from their participation in the schools and libraries support mechanism.
- 36 ☐ I certify that if any of the Funding Requests on this Form 471 are for discounts for products or services that contain both eligible and ineligible components, that I have allocated the eligible and ineligible components as required by the Commission's rules at 47 C.F.R. § 54.504(g)(1), (2).
- 37 ☐ I certify that this funding request does not constitute a request for internal connections services, except basic maintenance services, in violation of the Commission requirement that eligible entities are not eligible for such support more than twice every five funding years, as required by the Commission's rules at 47 C.F.R. § 54.506(c).
- 38 ☐ I certify that the non-discount portion of the costs for eligible services will not be paid by the service provider. The pre-discount costs of eligible services featured on this Form 471 are not of any rebates or discounts offered by the service provider. I acknowledge that, for the purpose of this rule, the provision, by the provider of a supported service, of free services or products unrelated to the supported service or product constitutes a rebate of some or all of the cost of the supported services.

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39	Signature of authorized person	40	Date
41	Printed name of authorized person		
42	Title or position of authorized person		
	<input type="checkbox"/> Check here if the consultant in Item 6g is the Authorized Person.		
43a	Street Address, P.O. Box, or Route Number		
	City		
	State	Zip Code	